

FIG. 1

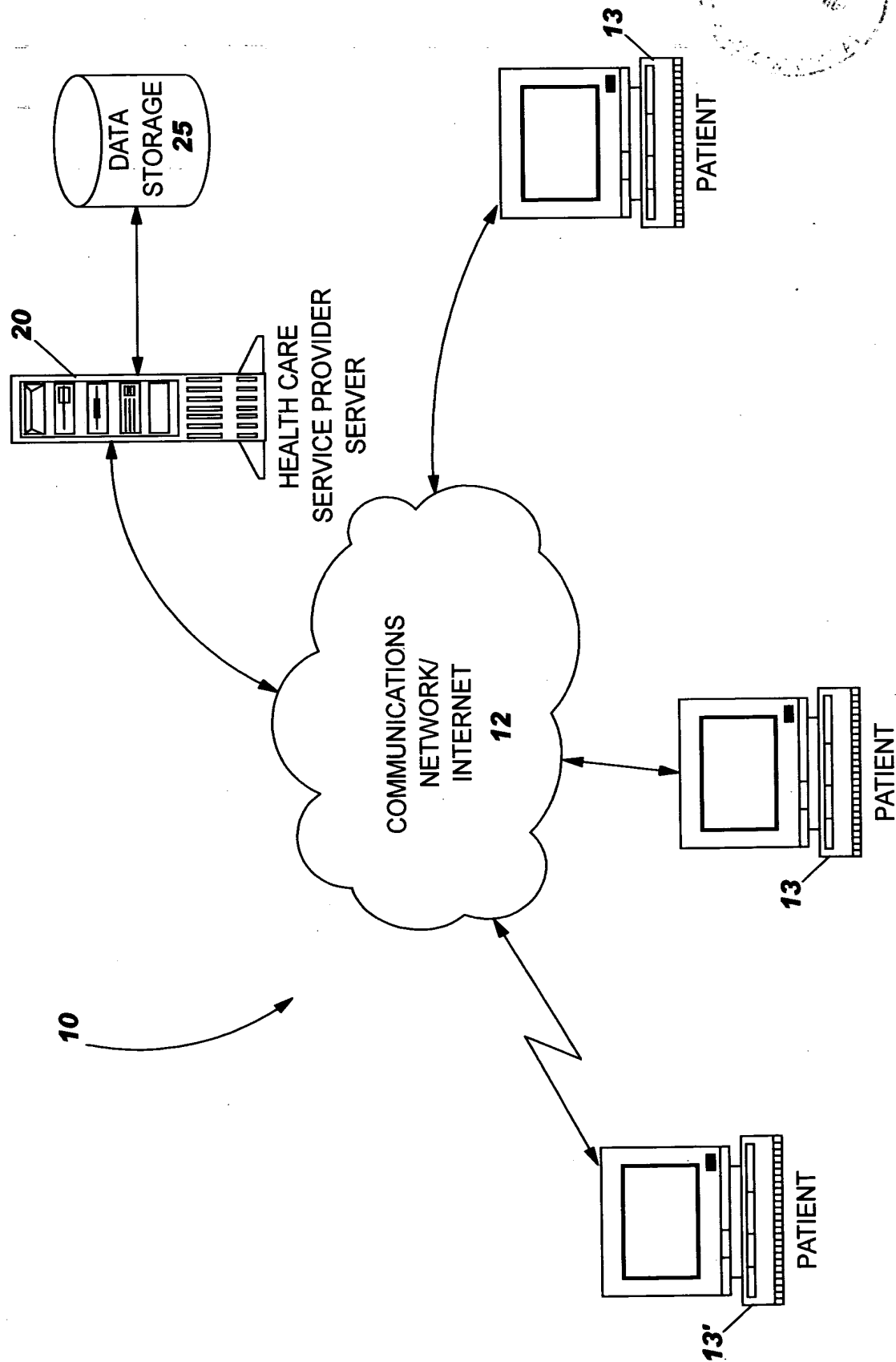


FIG. 2

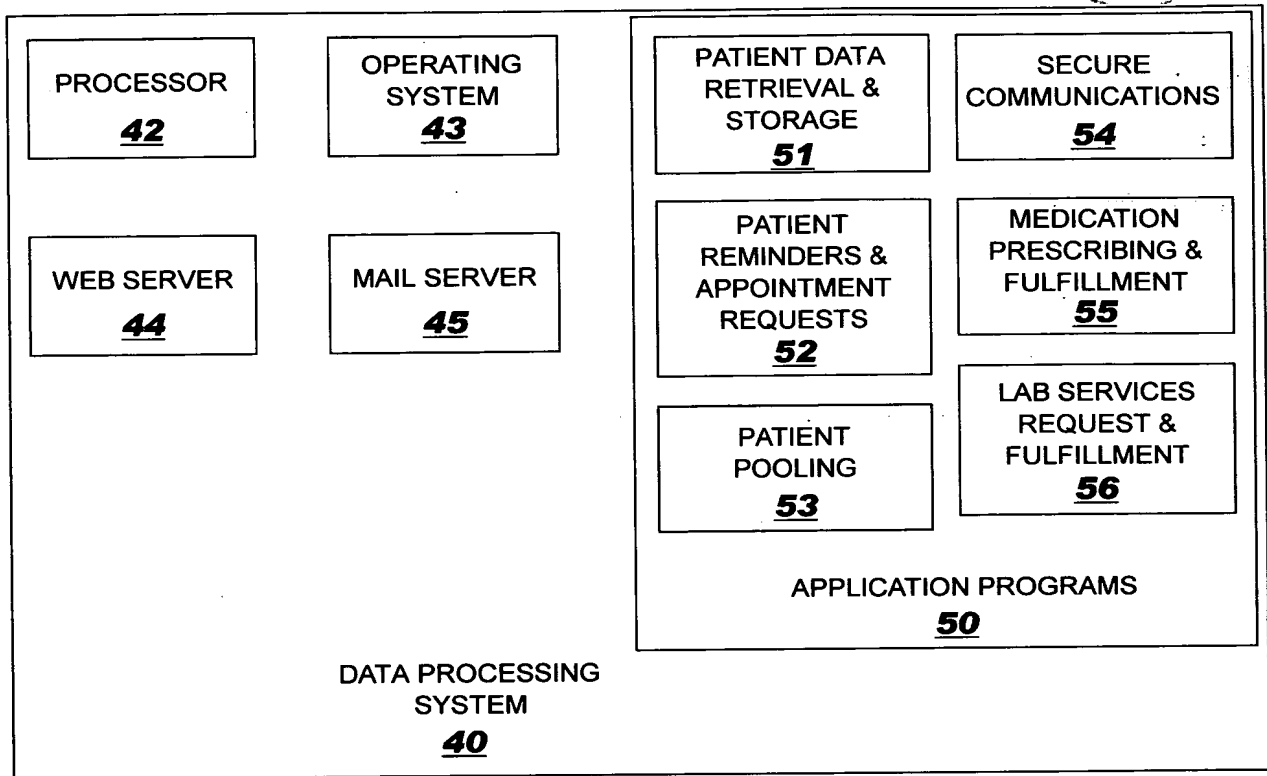


FIG. 4

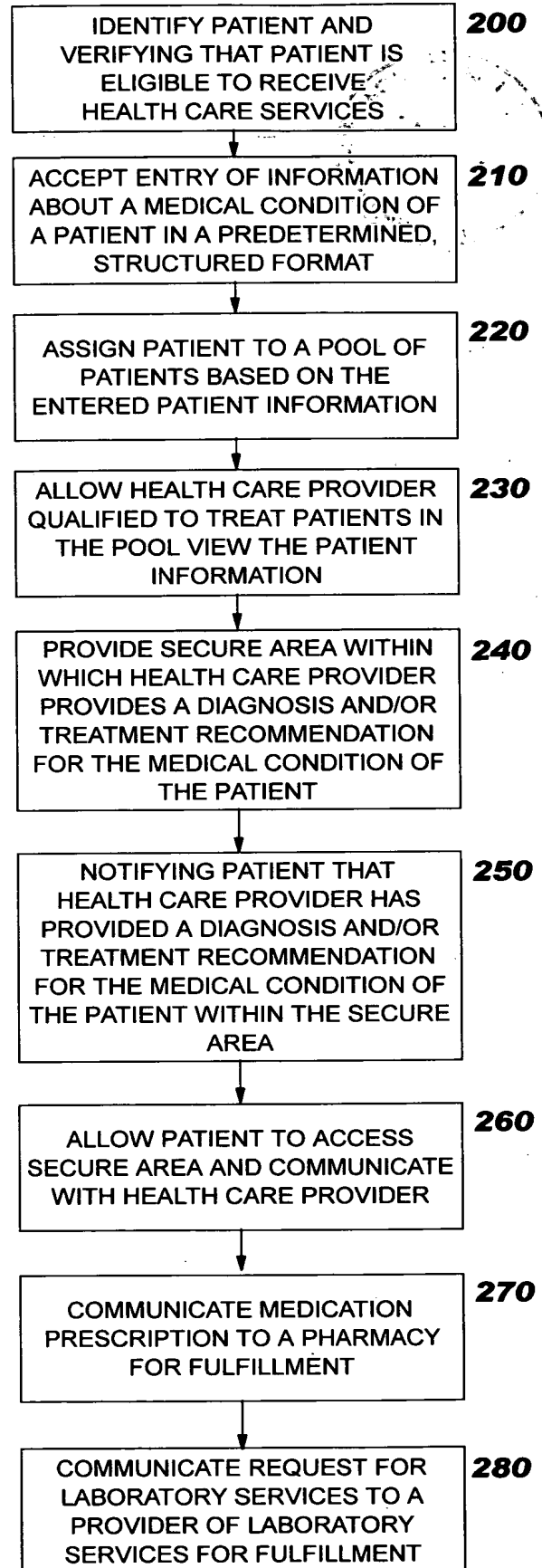


FIG. 3

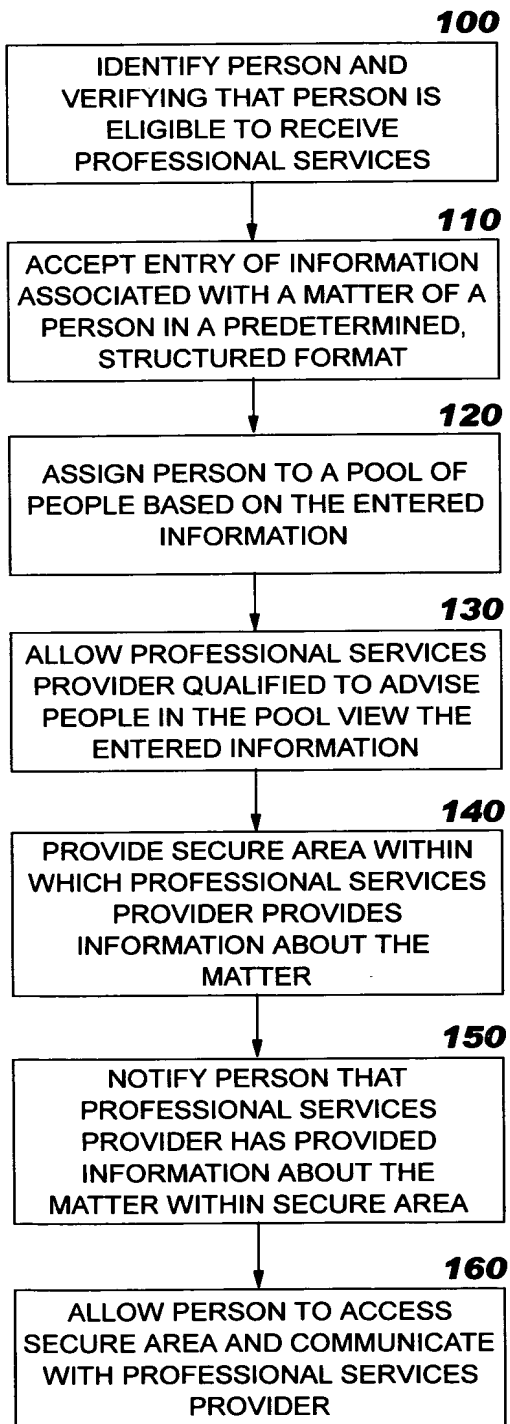


FIG. 5

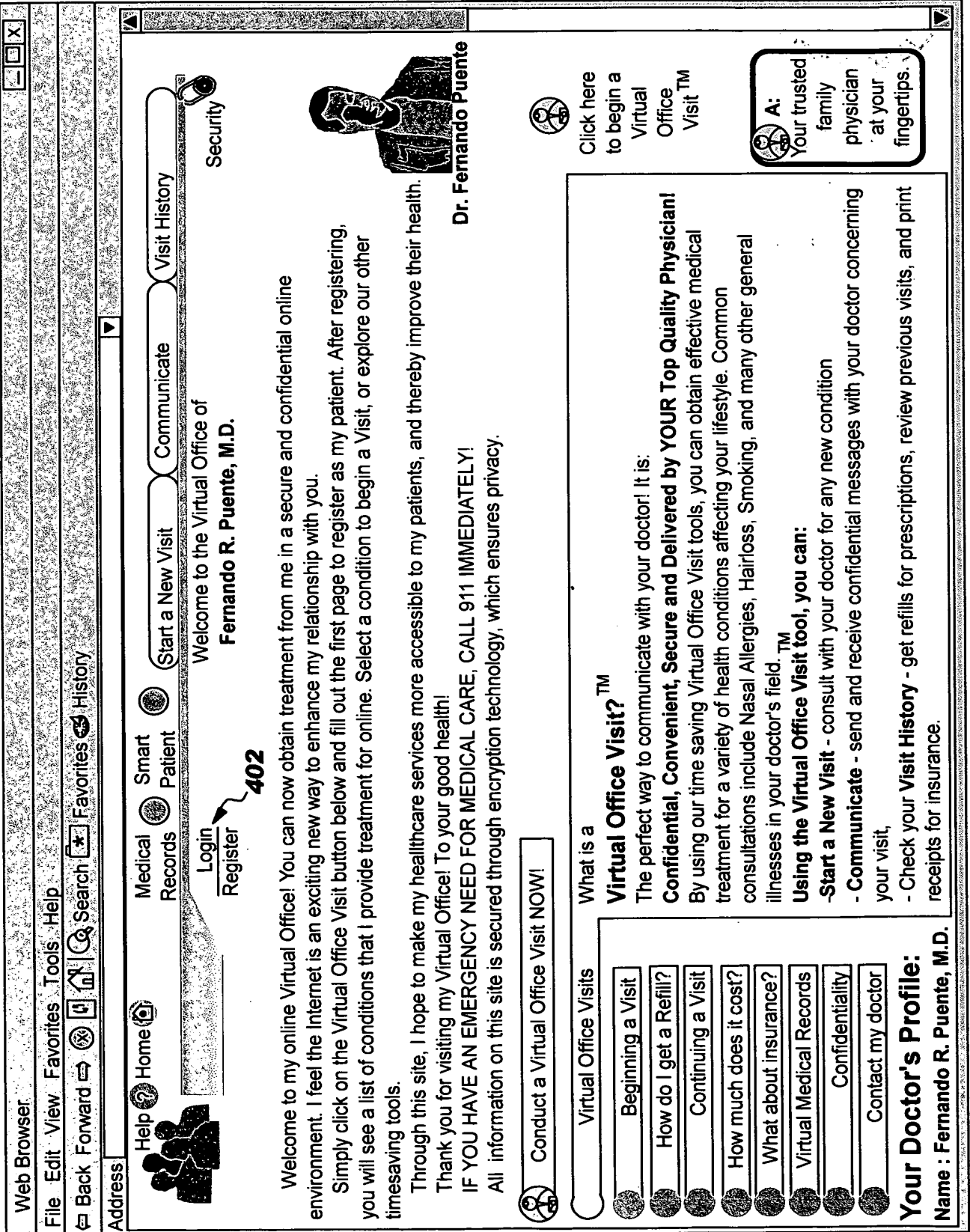


FIG. 6

500


Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

Virtual Office Visit™

Start a New Visit  close menu

Start a New Virtual Office Visit

If you have visited us before, please login here: **501b**

User Id Password **501a**

Let's Begin Your Virtual Office Visit™

Please complete the following to begin your Virtual Office Visit™ Consultation

Please complete the information below. We will verify it on the next screen to ensure your information is complete and accurate. We will then ask you several questions about your health history and the condition for which you are seeking treatment. Our first concern is for your safety, so please remember to answer all questions truthfully and accurately.

* Required fields **502a**

* First Name **502c**

Middle Name

* Last Name

* User Id **503**

502b Please choose a unique User ID, and we will send you a secure password to you at the email address specified below.

* E-mail Address **504**

* Confirm E-mail Address

* Primary language: English **505**

Have you had a PHYSICAL consultation with this doctor or practice before?
(You must answer this question to continue with your visit.)

Yes ☐ No ☐

* Do you want to receive promotional E-mails? Yes ☒ No ☐

Continue

Important Security Note: As a registered patient, you will be able to establish your own unique user identification. For added security, we will send a randomly generated password to the email address listed above, thereby confirming your identity. Future correspondence to your user ID will only be directed to your email address. When returning to our site, you must use your unique User ID and random Password to login again. After you login, you may change your password from your Patient Homepage.

FAQ
Confidentiality
Security
Contact Info
Doctor Quality
Emergency
Practice Areas
Site Map

Home
Security
Condition Library
FAQs
Fees & Pricing
Live Help
EXIT
Logout

FIG. 7

510

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

close menu

As a patient of Primary Care of the Triangle, you can utilize our **Virtual Office Visit™** to obtain a **Secure, Confidential, and Convenient** consultation by our **Top Quality Physicians**. [Click here for general instructions.](#)

What is your topic for consultation: (choose up to three)

Topic 1: **511a**

Topic 2: **511b**

Topic 3: **511c**

Click Here Our Conc

FAQ
Confidentiality
Security
Contact Info
Doctor Quality
Emergency
Practice Areas
Site Map

Home
Security
Condition Library
FAQs
Fees & Pricing
Live Help
EXIT
Logout

As the first step in conducting your Virtual Office Visit, please confirm and/or input the following information. From there, the physician will review your history and make a decision. You will receive emails updating you of all progress.

85: Personal Information

*** required fields**

*First Name

*Last Name

*Gender ☐ M ☐ F

*Address Line 1

Address Line 2

*City

*State

*Zip

*Country

Business Phone

*Home Phone

*E-Mail

*E-Mail Confirmation

Please confirm this has been entered correctly!
This is our primary means of contact with you.

*Date of Birth mm/dd/yy

Continue

512

FIG. 8A

520

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Virtual Office Visit™

Start a New Virtual Office Visit

The following charges will apply to your Virtual Office Visit™

As part of your Virtual Office Visit™ your physician may prescribe one of the following medications. If you have a preference, or are already taking one of these medications, please check the appropriate medications.

Allergic Rhinitis

☐ Allegra

☐ Claritin

☐ Zyrtec

Billing Information

Card Holder Name

Card Type Visa

Card Number

Expiration Date January 2001

Waiver of Liability and Informed Consent to Release Medical Records

I understand and agree that:

I am using this site because I am a patient or am interested in becoming a patient of a physician featured on this site (My Physician);

My Physician uses his or her independent

Click to continue your Virtual Office Visit

FAQ

Confidentiality

Security

Contact Info

Doctor Quality

Emergency

Practice Areas

Site Map

Home

Security

Condition Library

FAQs

Fees & Pricing

Live Help

EXIT

Logout

521

522

523

524

FIG. 8B

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

Virtual Office Visit™

85 Personal Information

*** required fields**

*First Name	Bob
*Last Name	Smith
*Gender	M
*Address Line 1	2323 Road
Address Line 2	
*City	Raleigh
*State	North Carolina
*Zip	27610
*Country	United States
Business Phone	
*Home Phone	919-787-7890
*E-Mail	bobsmith@hotmail.com
*Date of Birth	6/13/74

NOTE: Please confirm your personal information. If this information is incorrect please update it now.

525

Home

Security

Condition Library

FAQs

Fees & Pricing

Live Help

EXIT Logout

FIG. 9A


530

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

Virtual Office Visit™ Start a New Visit  get more info here

Start a New Virtual Office Visit

Security Note:
Primary Care of the Triangle respects the privacy of your medical information. All information given to Primary Care of the Triangle is protected, secured and held in complete confidence. [Click here to view our Privacy Policy.](#)

* Required fields

Please respond to each question listed below:

Do you consume more than 2 servings of alcohol per day? Yes ☐ No ☐ No Answer ☒ 531

Do you use recreational drugs? Yes ☐ No ☐ No Answer ☒
If yes then please describe:

Do you use tobacco products? Yes ☐ No ☐ No Answer ☒
If no, Number of years tobacco free?

How many cups of caffienated beverage do you consume in an average day? 532

Vital Statistics

*Height (in inches) (Hint: 4ft=48in; 5ft=60in; 6ft=72in)

*Weight (in pounds)

Blood Pressure 533

Current Medications

*Please list all prescription medications, nonprescription medications and herbal products or dietary supplements you are currently taking (even if occasionally);
Example: Claritin - 3 months; Alesse - 1 yr.; Tylenol 0 occasionally
If you are not currently taking any medications, you must enter "none"

*Known Drug Allergies
If you have no known drug allergies, you must enter "none"

Surgical History

*Description of Surgery/Date of Surgery: 534
If you have not had surgery, you must enter "none"

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EXIT Logout

FIG. 9B

Web Browser

File Edit View Favorites Tools Help

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Address:

Virtual Office Visit™

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 FAQs
 Fees & Pricing
 Live Help
 EXIT Logout

Family Medical History

Has anyone in your family had any of the following medical problems?

535

Heart Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
High Blood Pressure(hypertension)?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Stroke?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
High Cholesterol?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Kidney Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Liver Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Asthma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Seizure disorder or epilepsy?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Neurologic disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Colon cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Breast cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Lung cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Other cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>

General Medical History

536

Do you have or have you had any of the following?

Heart Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
High Blood Pressure(hypertension)?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Stroke?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Kidney Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>
Diabetes or high blood sugar?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input type="radio"/>

FIG. 9C

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Virtual Office Visit™

Home
 Security
 Condition Library
 FAQs
 Fees & Pricing
 Live Help
 Logout

Diabetes or high blood sugar?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Liver Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Gall Bladder Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Stomach or Intestinal Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Pulmonary or respiratory problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Asthma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Musculoskeletal problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Thyroid or endocrine disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Allergic disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Epilepsy or seizure disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Blood clots or phlebitis?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Genital disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Neurological problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Psychiatric problem?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Frequent Headaches?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Significant trauma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Skin problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Other chronic problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
*Are you being treated for any medical conditions at this time?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/> *If yes then please describe: <input type="text"/>
*Have you been examined by a healthcare provider within the last 12 months?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>

reference: Harrison's General Principles of Medicine

Update General Medical History

FIG. 10A

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

Virtual Office Visit™ Start a New Visit [get more info here](#)

Start a New Virtual Office Visit

Specific Men's Impotence Questions
*Answer Required

Do you feel you have adequate interest in sex?
☐ Yes ☐ No

How long have you felt sexually dysfunctional?

Do you have a problem achieving or maintaining an erection sufficient for sexual intercourse?
☐ Yes ☐ No

During intercourse, do you find it difficult to maintain you erection after you have entered your partner?
☐ Yes ☐ No

Do you feel your penis is crooked?
☐ Yes ☐ No

Have you used a method or treatment for erectile dysfunction in the past?
☐ Yes ☐ No

Describe the method or treatment you used for erectile dysfunction.

If none, please type "None". If you are on Viagra now, please state here with dose that was effective.

Please describe anything else in your sexual history that would help your doctor understand your problem:

Home
Security
Condition Library
FAQs
Fees & Pricing
Live Help
EXIT
Logout

540

FIG. 10B









Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Virtual Office Visit™



Home

Security

Condition Library

FAQs

Fees & Pricing

Live Help

EXIT
Logout

*Are you taking any antidepressants?
☐ Yes ☐ No

*Are you taking any antibiotics?
☐ Yes ☐ No

*Are you taking any oral antifungal medications?
☐ Yes ☐ No

*Do you have a bleeding disorder?
☐ Yes ☐ No

*Are you or have you been treated for an ulcer?
☐ Yes ☐ No

*Have you ever been told you have angina or other heart conditions?
☐ Yes ☐ No

*Do you take any medications to lower your blood pressure?
☐ Yes ☐ No

*Have you ever been told that you have decreased or abnormal kidney function?
☐ Yes ☐ No

*Do you understand what a nitroglycerin or a nitrate is?
☐ Yes ☐ No
If you do not understand what a nitrate is, please [click here](#).

*Do you understand that taking Viagra while you are on a nitrate can cause your blood pressure to drop to a potentially fatal level?
☐ Yes ☐ No

*Do you take any medication classified as a nitrate in any form?
☐ Yes ☐ No

Continue

FIG. 11

550

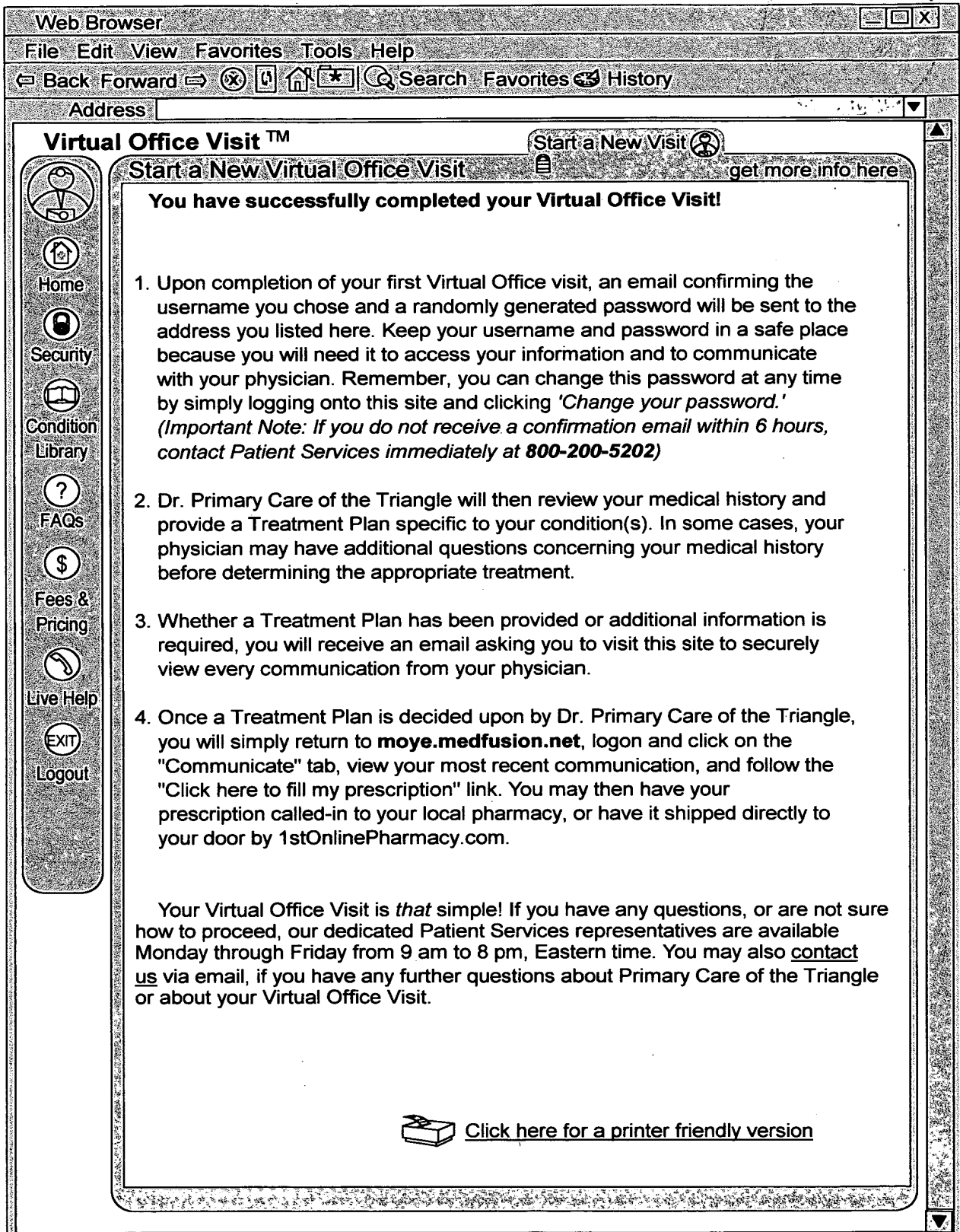


FIG. 12

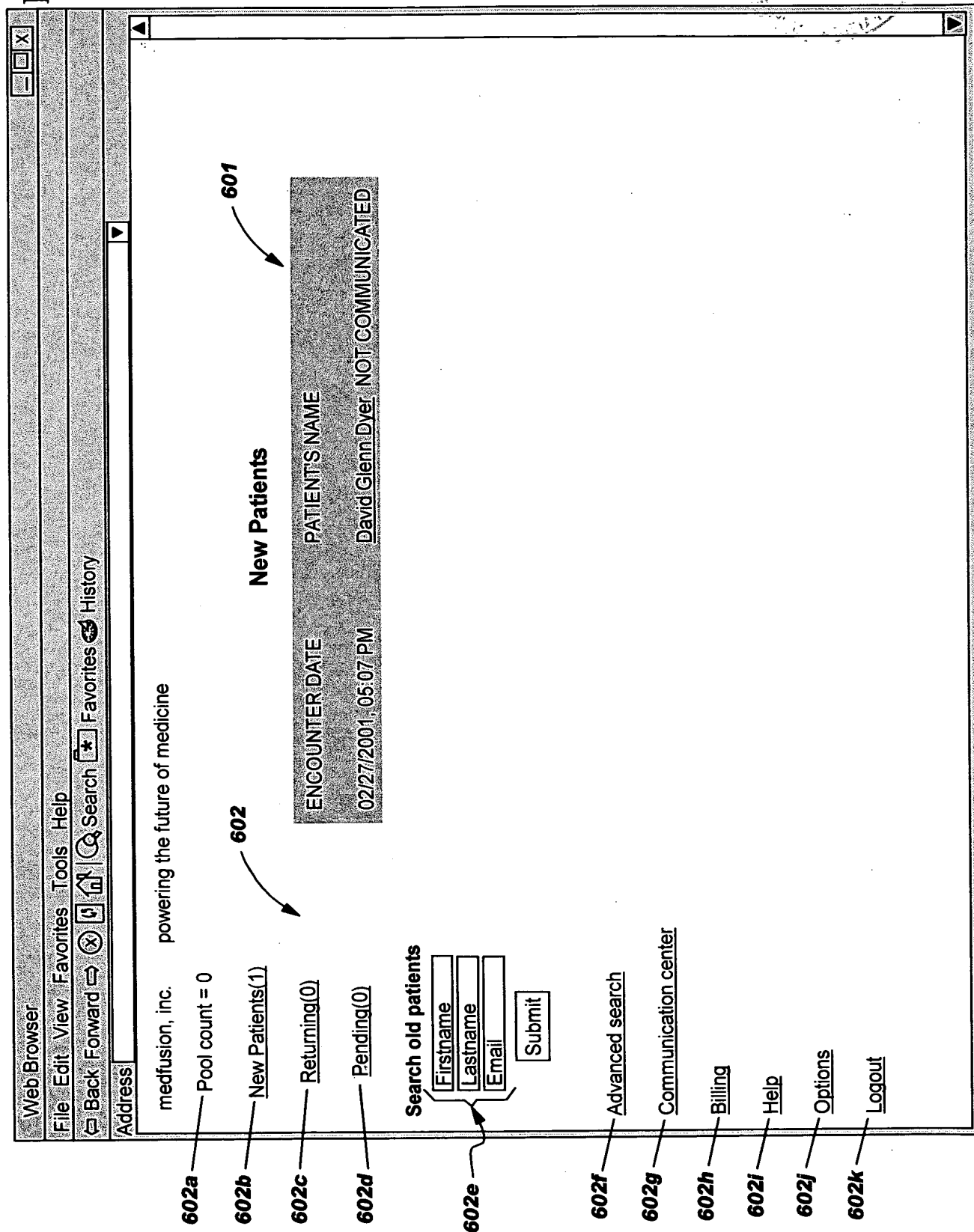
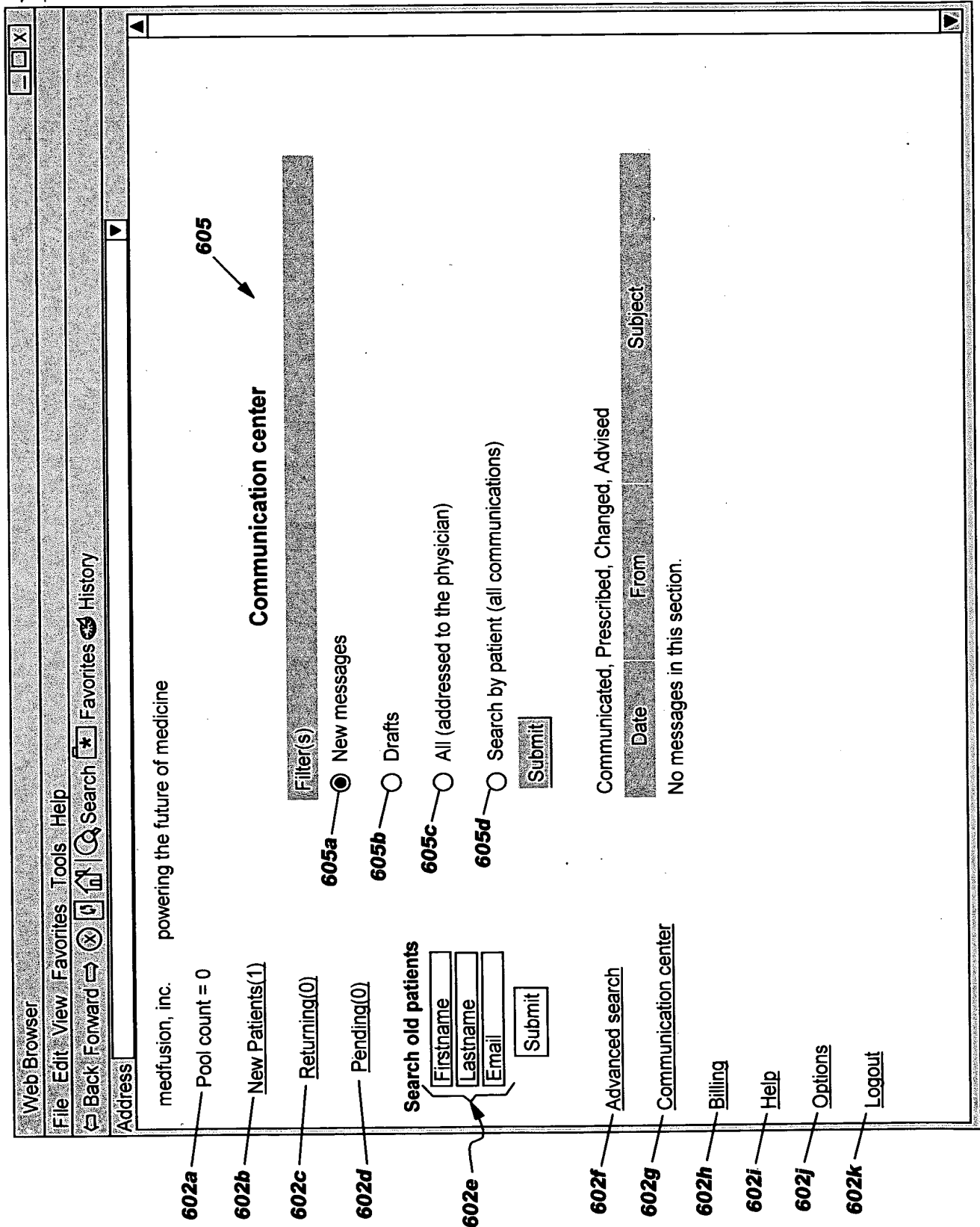


FIG. 13



610

Web Browser

File Edit View Favorites Tools Help

Back Forward

Search

Favorites History

Address

medfusion, inc. powering the future of medicine

Home Logout FAQ Contact Us Search

Location Dr. Jonathan Dougherty

Patient Profile

Basic Health

Family History

Lab & History

Procedures

Specific Answers

Patient Chart

David Glenn Dyer

(Hair Loss)

Communicate

Make Notes

Take Action

Age: 39

Sex: M

Height: 70(in)

Weight: 205(lbs)

State: North Carolina

612

611

Do you consume more than 2 servings of alcohol per day

No

11/7/2000

8:15AM

Do you use recreational drugs

No

11/7/2000

8:15AM

Do you use tobacco products

Yes

11/7/2000

8:15AM

How many cups of a caffeinated beverage do you consume in an average day

2

11/7/2000

8:15AM

Vitals

Height (in inches)

70

11/7/2000

8:15AM

Weight (in pounds)

205

11/7/2000

8:15AM

Blood Pressure

120/80

11/7/2000

8:15AM

Current Medications

Current medications

None

11/7/2000

8:15AM

Known Drug Allergies

Known Drug Allergies

None

11/7/2000

8:15AM

Surgical History

Description of Surgery/Date of Surgery

None

11/7/2000

8:15AM

Family History

Family History

No

11/7/2000

8:15AM

Heart Disease

Heart Disease

No

11/7/2000

8:15AM

610

Web Browser

File Edit View Favorites Tools Help

Back Forward Search History

Address

medfusion, inc. powering the future of medicine Home Logout FAQ Contact Us Search Location Dr. Jonathan Dougherty

Patient Profile	Basic Health	Family History	Labs & Procedures	Condition Specific Answers	Patient Chart
-----------------	--------------	----------------	-------------------	----------------------------	---------------

David Glenn Dyer
(Hair Loss)

Age: 39 Sex: M Height: 70(in) Weight: 205(lbs) State: North Carolina

Communicate Make Notes Take Action

← **614**

Consult #1: - David Glenn Dyer is seeking treatment for Hair Loss

Choose consult status
Choose consult status
Prescribe med and communicate
Provide advice (Medical contraindication from history)
Provide advice (Does not meet FDA prescribing guidelines)
Provide advice (Allergic to medicine or has cross sensitivity with an ingredient)
Provide advice (Unable to establish patient/doctor relationship)
Communicate only
Do not charge and communicate

614a

620

619

.622

FIG. 15B

Web Browser

File Edit View Favorites Tools Help

Back Forward Home Search Favorites History

Address

622

Diagnostic code - description

704.9 - hair loss 624

Pharmacy dispensing information

625a ☒ Generic substitution permitted 625b ☐ Dispense as written

Messages choose What's this?

Choose propecia Medical advice Comment(s) Continuing care Pa Change medication

To:

Subject: propecia *required

Your request for Propecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

Process and communicate

FIG. 16

640

21/31

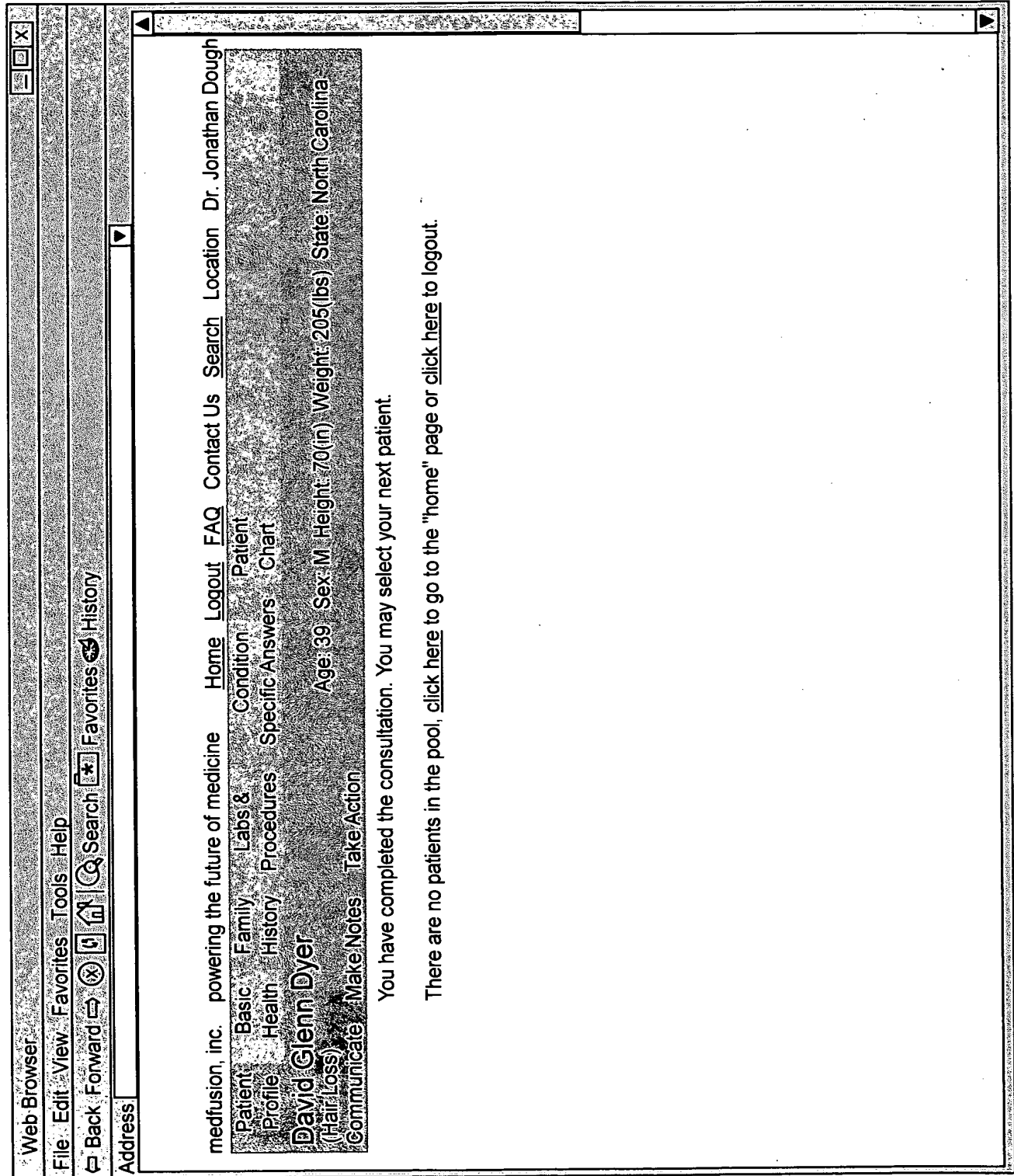


FIG. 17

700

Message

File Edit View Insert Format Tools Actions Help

Send

To: MedFusion Patient Services

Cc: Dyer, David

Subject: Please read immediately

Please note: Do not respond to this email. Logon to our site to securely communicate with us.

Greetings from Medical Edge Healthcare Group's Virtual Office,

We have sent you a secure communication regarding your Virtual Office Visit.

To view this communication, please:

1. log on to
2. Enter your User id and Password
3. Go to "Click Here to Read Messages"

You can correspond with me using this secure communication tool after you have reviewed my comments.

If you have forgotten or misplaced your password, go to my site and select the option for me to email your password to you.

To logon to my website, click on <http://medicaledge.medfusion.com/secure/Member/login/login.cfm?GID=101&dest=communication> or copy and paste this address into your browser

To Your Good Health.

William Boone, M.D.

FIG. 18

Web Browser

File Edit View Favorites Tools Help

Back Forward Home Search Favorites History

Address

Home Medical Records Smart Patient Start a New Visit Communicate Visit History Security

Welcome to the Virtual Office of
Acme Dermatology Associates, P.A.

To use our patient services, we request that you take a moment to register. After you complete your registration, we will email you a unique User ID and Password which you may customize as soon as you login. This extra bit of security was designed to ensure that your confidential information is not compromised.

CLICK HERE JOIN!

If you are already a registered patient, please login here:

710a User Id

710b Password

FORGOT
Your password?

[Click here to have your Password E-mailed to you](#)

disclaimer & legal notes

powered by **medfusion**
copyright 2000

FIG. 19

720

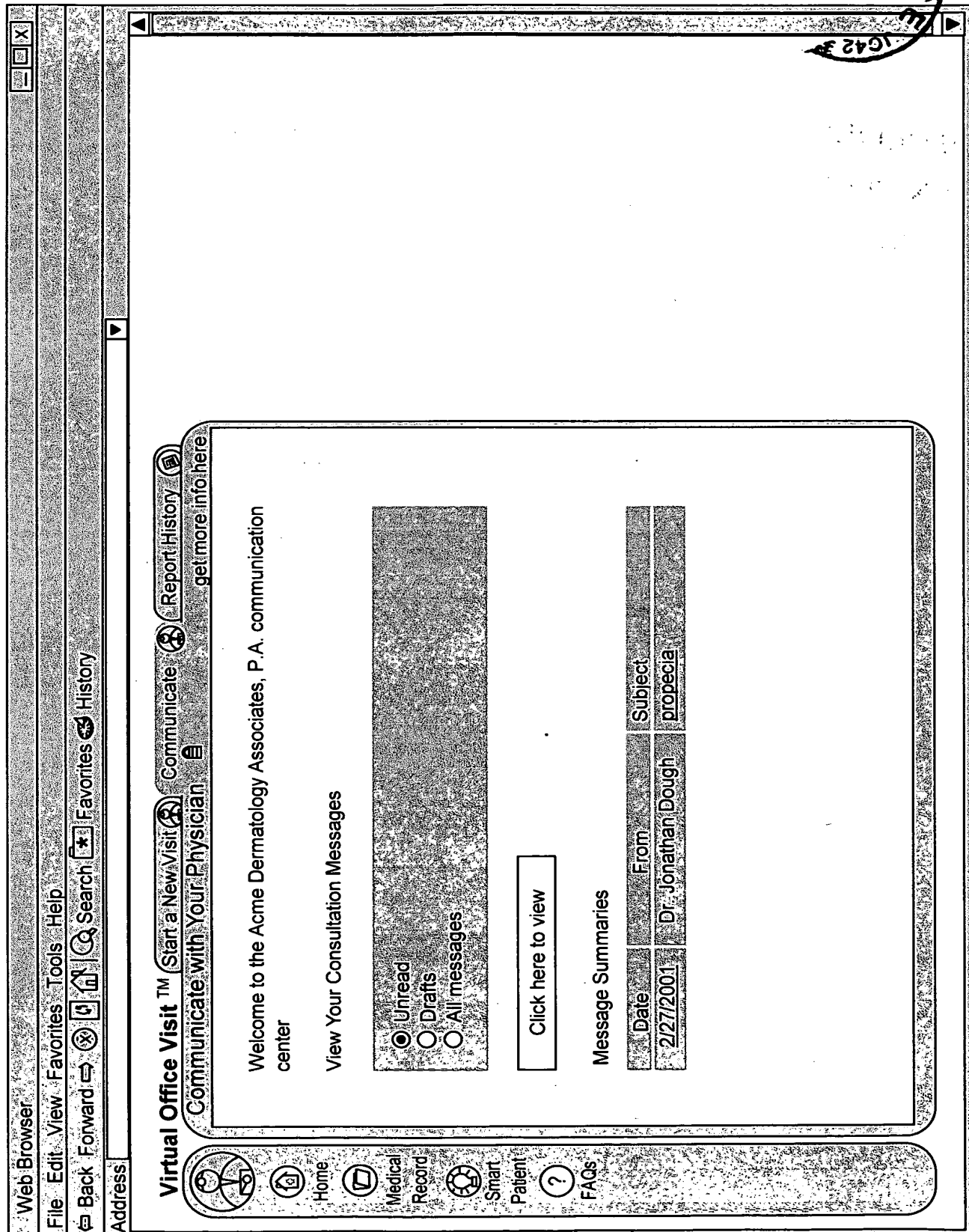


FIG. 20

730

Web Browser: File Edit View Favorites Tools Help
 Back Forward Stop Search Favorites History
 Address: _____

Virtual Office Visit™ Start a New Visit Communicate Report History
 Communicate with Your Physician

Click Here for Previous Screen

From: Dr. Jonathan K. Dough

To: patient

Subject: propecia

Your request for Propecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

View all messages for this encounter

Create a Response Communication

To:

Subject (This is required)

Message

Communicate Save as draft

Home Medical Record Smart Patient ? FAQs

FIG. 21

26/31

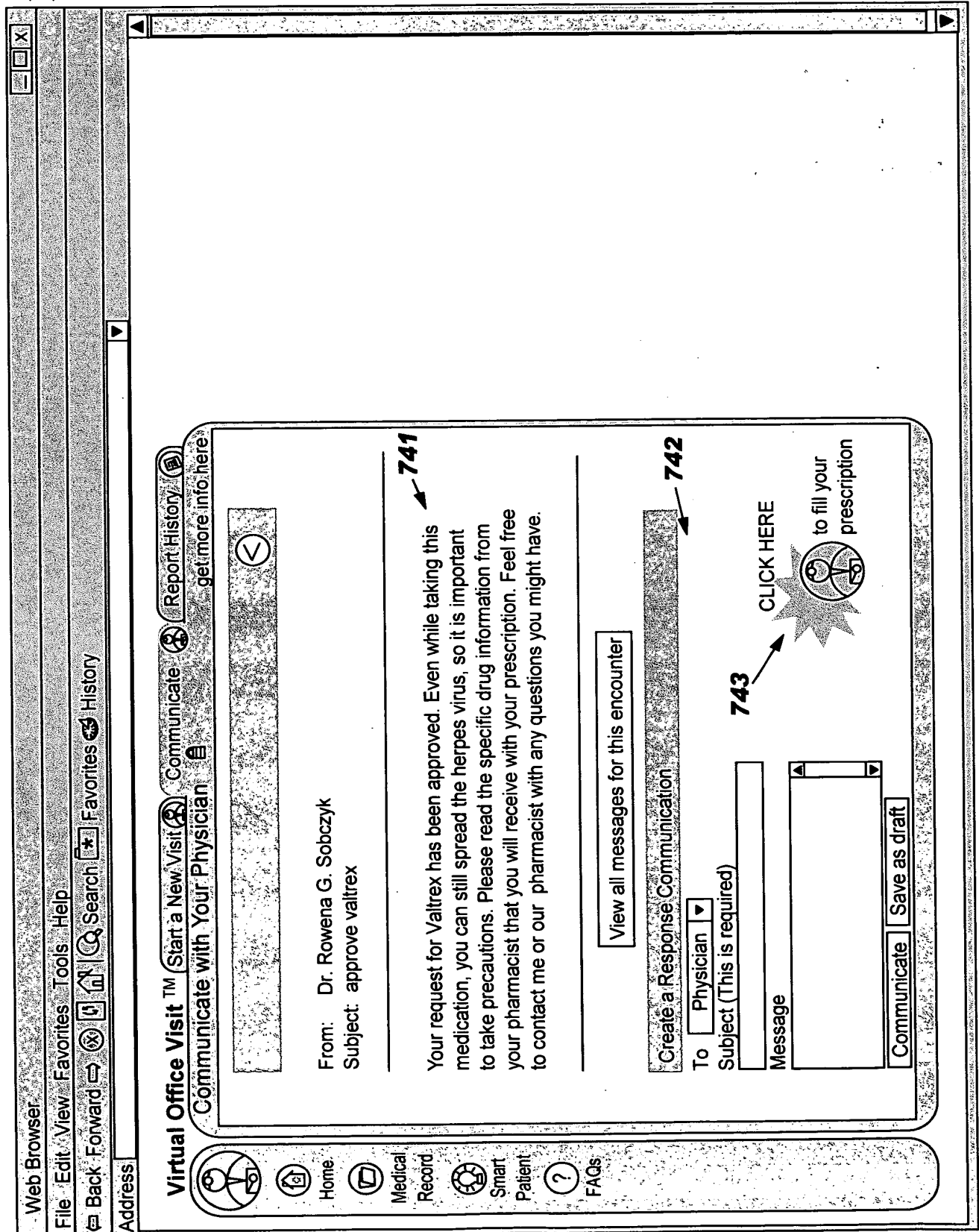


FIG. 22

27/31

750

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Virtual Office Visit

Start a New Visit

Communicate

Report History

Past Virtual Office Visits and Reports

close menu

Home

Medical Record

Smart Patient

FAQs

PHYSICIAN REPORT

Patient

Marlboro Man

Visit Date

20-Jul-00

Complaint

Herpes

Diagnosis

Prescribed medication

Rx Details

Valtrex

Drug prescribed

15

Quantity

1000.0 mg

Strength

P.O.

Route

5

Refills

Take 1/2 table every day

Generic substitution permitted.

You have 0 unread messages regarding this encounter

View this consult responses

PRINT INVOICE

Treatment Plan

Please select one of the following pharmacy options:

751

Immediately fill my prescription through <http://www.1stonlinepharmacy.com>. Pharmacy and shipping charges will apply. Your medication will be shipped immediately.

752

Call in my prescription to my pharmacy. (Pricing is not set by VirtualMedicalGroup.com or 1stOnlinePharmacy.com)

Click here

I do not wish to fill my prescription at this time, but understand that I can choose one of the above options at any time.

FAQ

Confidentiality

Security

Contact Info

Doctor/Quality

Emergency

Practice Areas

Site Map

FIG. 23B

800

Web Browser

File

Edit

View

Favorites

Tools

Help

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Search

Favorites

History

Address

*Zip Code

27608

*Home Phone

919-781-4792

Work Phone

919-659-3201

*E-Mail

ddyer@medicalweb.com

*Confirm E-Mail

ddyer@medicalweb.com

Would you like us to call with your appointment confirmation?

☒ Yes
 ☐ No

Personal Information

*Date of Birth

09/15/61

Gender

☒ Male
 ☐ Female

Social Security No.

Employer

Employer Address

Spouse Name (if Applicable)

Guarantor (if child)

Appointment Information

*I would like to see you

Next week

*Appointment day needed

Monday

Tuesday

Wednesday

Thursday

*Appointment Time Needed

morning

(Example: Morning, Afternoon, 8am-12pm, 3pm-5pm)

*Reason for Visit

hair restoration consult

Referred By

Submit Information

Start Over

FIG. 24A

810

30/31

Web Browser

File

Edit

View

Favorites

Tools

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Favorites

History

Address

Appointment requests for DrGrantKoher.com

Choose Appointment Status

Request: ☒

Approved: ☐

Rescheduled: ☐

Hold: ☐

From

1

▼

2000

To

12

▼

2000

Submit

Patient/Appointments

Name	Request date/time	Reason	Address	Contact information
Michael Craig	Next week on Monday, Wednesday morning, Hold	hair restoration	123 Elm Street Raleigh, North Carolina 27608 United States	919-781-4792 919-659-3201 ddyer@medicalweb.com
Vikram Natarajan	Next week on Monday, Wednesday, Friday morning, Hold	hair restoration consult	123 Elm Street Durham, North Carolina 27705 United States	919-784-6666 919-659-3208 vikramtn@medicalweb.com

FIG. 24B

810

Web Browser
File Edit View Favorites Tools Help
Back Forward Stop Search Favorites History
Address

Patient Information

Name: Michael Craig
Address: 123 Elm Street
Raleigh, North Carolina 27608
United States
Home Phone Number: 919-781-4792 919-659-3201
Work Phone Number: 919-659-3201
Wants phone confirmation? Yes
E-Mail Address: ddyer@medicalweb.com
Date of Birth: 15-Sep-61
Gender: M
Preferred day(s): Next week on Monday, Wednesday morning
Preferred time: hair restoration
Appointment Reason: Hold
Appointment Status: Hold

Communications

Date	From	To	Subject	Status
10-Oct-00	Administrator	patient	Appt. Request Response	Read

Message:
We have reserved your appt. for next Wednesday 10/18/00 @ 9:00 - please confirm that you can make this time and we will approve your request for this appointment slot. TY,
Dr. Koher Admin.

Administrative Information